

# ANNUAL STATEMENT OF ATTESTATION

FOR PRESCHOOL, HALF DAY HEAD START & SCHOOL AGED PROGRAMS

I attest that \_\_\_\_\_ is in compliance with the following.  
(NAME OF FACILITY)

- I recognize the responsibility to provide an appropriate level of fire and life safety for the occupants of this facility.
- I have had an annual inspection conducted on my facility and maintain the reports for review.
- Local requirements (if any) from City or County authorities are met.
- The Fire Department which will respond to my facility in an emergency has been notified of my operation.
- I understand my responsibility to comply with applicable codes and standards.
- I understand by signing the STATEMENT OF ATTESTATION that I have met all the requirements stated in this document. I understand that when inspected if I am ever found to be in violation I may be subject to criminal or administrative action.
- I have read FIREFACT 50 for requirements for my facility.

(DATE) \_\_\_\_\_ The date of the last fire inspection of my facility.

\_\_\_\_\_  
SIGNATURE OF THE OPERATOR/PROVIDER

\_\_\_\_\_  
ADDRESS OF FACILITY, INCLUDE CITY AND ZIP CODE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER